

## NEBRASKA -- 2001 Real Choice Systems Change Grant

### Identified Problems with the States' Long-Term Care System

- State service systems and programs have varying philosophies and approaches to directing services and supports for consumers with disabilities and/or long-term illnesses.
- Some state service systems lack coordination, flexibility, and consumer-direction.
- Access to supports in the long-term care (LTC) system is hindered by a lack of information.
- Current quality measures do not measure consumer outcomes for all populations.
- The transition from child to adult programs is difficult due to lack of adult programs for young adults with special health care needs.
- There is a lack of service providers, especially in rural areas.
- No consistent method or process exists for consumer-focused discharge planning from facilities.
- Minority populations face barriers to access.
- Service providers lack cultural competence.
- There is a lack of training on self-directed service coordination.
- There is no single access point for information.

### Perceived Strengths

- Five Medicaid Home- and Community-Based Services (HCBS) waivers, with 450 service coordinators, for the following populations: adults with developmental disabilities, children with developmental disabilities, an early intervention waiver for infants and toddlers with disabilities, a traumatic brain injury waiver, and the aged and disabled (A&D) waiver which serves children and adults with disabilities.
- The state has an Early Intervention/Early Development Network and a Lifespan Respite Network.
- Personal Assistance Services (PAS) available under the Medicaid State Plan. Innovative programs that support individuals with developmental disabilities /long-term illness (e.g., Medicaid Buy-In for the Working Disabled program, Nursing Home Transitions grant).
- Nebraska Health and Human Services System (NHHSS) contracts with Area Agencies on Aging (AAAs) and Independent Living Centers (ILCs) to assist with provider recruitment.
- The Social Services Block Grant is used to fund the needs of adults of all ages with disabilities whose need levels are not high enough to qualify for waiver services.
- The state has a Quality Assurance process for the A&D waiver.
- The state has a web-based resource, Answers 4 Families, for caregivers of elderly persons and individuals with Alzheimer's, families of children with disabilities, and services coordinators.

- The state has a conference on self-directed services.
- Child care providers/consumers are trained about the needs of children with disabilities.
- The state has an Early Development Network of Services Coordination.

### **Primary Focus of Grant Activities**

- Improved coordination within the service delivery system infrastructure to address fragmentation and also to move toward a more consumer-directed philosophy.
- Quality assurance.
- Improved access to long-term support services.
- Consumer and Service Coordinator role enhancement, skill building, training, and support.

### **Goals, Objectives, and Activities**

**Overall Goal.** To coordinate and enhance promising consumer-directed initiatives and develop a long-term service system that will increase real choice for consumers.

**Goal.** Implement a consumer-directed model of services coordination and services delivery.

#### ***Objectives/Activities***

- Develop and convene a Consumer Task Force to provide overall guidance and gain consensus on choice definition, risk, and guiding principles for systems development.
- Develop a system-wide philosophy and organizational culture that supports consumer-directed services and supports across the lifespan.
- Analyze current services coordination across systems, and evaluate federal and state policies/regulations/practices to determine where barriers to, and opportunities for, flexibility exist.
- Design and develop a sustainable, integrated, flexible, customized system that enables consumers throughout their life spans to make decisions throughout the service planning process to the extent, and in the areas, that they choose.

**Goal.** Improve consumer access to, through information about, supports and services.

#### ***Objectives/Activities***

- Improve access to the state service system so that eligible consumers receive the best information regardless of the program through which services may have been initially obtained.
- Coordinate existing information and referral systems through standardization of guidelines and marketing materials.

**Goal.** Develop a system that allows consumers from various disability systems to access and receive needed services through a more transdisciplinary approach to service delivery across systems.

***Objectives/Activities***

- Analyze the current system to identify barriers to and opportunities for enhancing cross-system access and coordination of services, and start the legislative amendment process in order to bring about system redesign.
- Standardize and simplify the enrollment of agencies and individuals to become providers in order to give consumers greater flexibility and more options in selecting providers.
- Identify and increase the availability of approved community services and supports providers.

**Goal.** Implement a quality management system that ensures the health and well-being of consumers through consumer-directed monitoring and improvement.

***Objectives/Activities***

- Based on consumer input and work by the Consumer Task Force, NHHSS, and the Munroe Meyer Institute (MMI), develop desired consumer outcome measures to ensure needs are met through high quality long-term support systems that enable consumers to make real choices about how they live and participate in their communities.
- Design and implement a sustainable statewide quality management system that effectively monitors and makes improvements by using consumer-focused quality assurance measures.

**Goal.** Make available to consumers and agencies a comprehensive, statewide resource database of health and human services.

***Objectives/Activities***

Set uniform standards, practices, and methods pertaining to collection, management, use, and promotion of data for resource directories across state agencies and organizations.

**Key Activities and Products**

- Gain consensus of Consumer Task Force on choice definition, risk, and guiding principles for systems development.
- Market Real Choice philosophy to internal and external target audiences, and articulate what it means in practice.
- Analyze current services coordination across systems to determine steps needed to develop and implement a consumer-directed approach and a transdisciplinary model.
- Set uniform standards, practices, and methods pertaining to collection, management, use, and promotion of data for resource directories across state agencies and organizations.
- Design and implement a sustainable statewide quality management system that effectively monitors, measures, and makes improvements based on consumer-focused quality assurance measures.

- The Consumer Task Force and NHHSS will pursue and coordinate amendments or modifications to state procedures or law that incorporate a self-directed philosophy across the service system.
- Pilot test of a consumer-directed process and philosophy.

### **Consumer Partners and Consumer Involvement in Planning Activities**

Forty-five consumers and consumer advocates participated in a Consumer Task Force meeting for the purpose of identifying a statewide vision and direction for this project. A core group of that task force reviewed the Real Choice grant application and provided feedback.

### **Consumer Partners and Consumer Involvement in Implementation Activities**

- The Consumer Task Force, consumer-based agencies and organizations (the League of Human Dignity and Parent Training Information), and individual consumers recruited as paid consultants will play key roles in project design and implementation.
- The Consumer Task Force will be formally activated for project guidance and will form subcommittees for more intensive work on specific project areas.
- Consumer feedback and input will be actively solicited through informal and formal surveys, focus groups, pilot testing participation and evaluation, and interviews.

### **Public Partners**

- Planning Council on Developmental Disabilities.
- Special Services for Children and Adults.
- Behavioral Health.
- Home and Community Based Services.
- Developmental Disabilities System.
- Medicaid.
- Aging Services.
- Long-Term Care Services Coordination.

### **Private Partners and Subcontractors**

- University of Nebraska Medical Center (UNMC) Munroe-Meyer Institute (MMI).
- University of Nebraska Public Policy Center (PPC).
- The League of Human Dignity.
- Parent Training Information.
- Nebraska Educational Telecommunications.
- Professional and consumer consultants.

## **Public and Private Partnership Development/Involvement in the Planning Phase**

### **Public Partners**

Administrators of the public agencies listed above formed a Work Group, which also included private partner administrators, that attended the Consumer Task Force meeting and supported development of the Real Choice grant. Nebraska is a small state, and all the public partners are under the Health & Human Services System and have collaborated on other projects in the past.

### **Private Partners**

Administrators of the private partner agencies listed above formed a Work Group which also included public partner administrators, attended the Consumer Task Force meeting, and supported development of the Real Choice grant. The PPC is currently working with NHHSS on many related projects. All private partners have worked with NHHSS in the past. In addition, NHHSS contracted with PPC and MMI to write the Real Choice grant proposal and NHHSS contracts with both of them now to carry out various goals under the Real Choice grant. MMI is the University Center on Excellence in Nebraska for DD and Maternal and Child Health.

## **Public and Private Partnership Development/Involvement in Implementation**

### **Public Partners**

The NHHSS Project Director will work directly with the Consumer Task Force and subcommittees, policymakers, other stakeholders, and subcontractors, and will oversee the implementation of pilots and system-wide changes that support consumer-directed services. Other public partners are represented on the Steering Committee and provide technical assistance to the Consumer Task Force.

### **Private Partners**

- MMI will work with consumers and other stakeholders to identify quality measures and design a sustainable quality management system.
- MMI will subcontract a portion of the training development and administration to two agencies—the League of Human Dignity and Parent Training Information. MMI will also subcontract with Nebraska Educational Telecommunications to design the Internet-based training modules.
- The PPC will work with NHHSS and other stakeholders in the development of a statewide, comprehensive Information & Referral resource database.
- A private contractor has been hired to develop the systems design.

### **Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities**

- The state has a Medicaid Infrastructure Project that has as one of its outcomes a detailed analysis by PPC of Nebraska's PAS system.

- MMI and the ARC of Nebraska are co-leading the state's Family Support project and have conducted family forums around the state to collect data on family needs and will be sharing that data with the Real Choice Consumer Task Force.
- Nebraska has also received a Title V grant to study and plan for a consumer-directed system of supports for persons with traumatic brain injury across their life spans.

### **Oversight/Advisory Committee**

The Consumer Task Force has been formally activated for project guidance and will form subcommittees for more intensive work on specific project areas. The subcommittees will regularly report back to the full task force, which will meet at least four times per year.

### **Formative Learning and Evaluation Activities**

- A Management Plan will be developed to track staff and activity-level, subcontractors to ensure that goals and timelines are being met. The plan will include a process for continuous quality improvement to ensure that feedback is incorporated in the project's ongoing operations.
- Specific quality improvement strategies include: (1) formal and informal reviews, discussions, and annual surveys of Consumer Task Force members to determine satisfaction with their level of participation in designing/implementing grant activities, (2) ongoing review of project progress and recommendations for areas of improvement from the Consumer Task Force, project staff, and subcontractors, (3) formal and informal feedback from pilot program participants as well as other participants and stakeholders in other project initiatives, and (4) systematic surveys of survey participants on grant training efforts to determine success of training and areas for improvement.

### **Evidence of Enduring Change/Sustainability**

- A demonstration for the provision of wraparound services will be created which will not supplant or diminish current funding sources or funds.
- Training programs for consumers and service coordinators will be developed and implemented.
- Simplified participation procedures for providers will give consumers more options to recruit providers who meet their needs.
- Quality measures and a sustainable quality management system will be designed with and by consumers.
- The long-term care system will be redesigned, including changes to the state's administrative code and statutes that will endure beyond the conclusion of grant activities.
- Internet-based modules and videotaped teleconferences will be resources that are easy to maintain and update at a very low cost.

**Geographic Focus**

Statewide.